

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/807470 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	21	21	21	21		
6	21	21	21	21		
7	21	21	21	21		
8	21	21	21	21		
9	21	21	21	21		
10	21	21	21	21		
11	21	21	21	21		
12	21	21	21	21		
13	21	21	21	21		
14	21	21	21	21		
15	21	21	21	21		
16	21	21	21	21		
17	1	1				
18	21	21				
19	21	21				
20	1	1				
21	1	1				
22	1	1	1	1		
23	1	1	1	1		
24	21	21	21	21		
25	21	21	21	21		
26	21	21	21	21		
27	1	1	1	1		
28	1	1	1	1		
29	1	21	21	21		
30	1	1	1	1		
31	21	21	21	21		
32	1	1	1	1		
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9	9	9	9		
TOTAL DEP.	36	36	37	37		
TOTAL CLAIMS	35	35	38	38		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS